

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS IMMUNIZATION PROGRAM AND VIROLOGY LABORATORY

SPECIMEN COLLECTION FOR DIAGNOSIS OF MEASLES

I. ANTIBODY DETECTION

Submission of specimens to the Virology Laboratory at the State Laboratory Institute must be coordinated through an immunization epidemiologist at 617-983-6800. Technical questions about specimen collection can be addressed to the Virology Laboratory at 617-983-6383 or 983-6396.

| | |
|---------------------------|--|
| Specimen type: | Serum for IgM antibody (serology for acute infection). |
| Collection procedure: | Venipuncture. Serum-separator tubes (SST) preferred, red-top tubes acceptable. |
| Optimum collection time: | Acute specimen should be collected \geq 3 days after rash onset. Follow-up specimens for additional testing may be required. |
| Transportation container: | Serum only, in polystyrene (plastic) tube, or centrifuged blood in SST. |
| Volume: | 2 ml. serum; \geq 0.5 ml. may be acceptable for young children. |
| Transport: | Cold, use ice packs. DO NOT FREEZE. |

IMPORTANT!: To avoid loss or misdirection of the specimen within the 8-story State Laboratory building, PLEASE FILL OUT THE ATTACHED REQUISITION FORM AS COMPLETELY AS POSSIBLE AND ENCLOSE WITH THE SPECIMEN.

(See next page directions for
collection of viral isolates.)

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II. VIRAL ISOLATION

Please note: Urine, nasal or blood culture specimens should not be substituted for serum specimens for serological measles diagnosis. When collecting specimens for viral isolation, please try to collect both urine and nasopharyngeal specimens, with blood being collected for viral isolation only under certain circumstances.

| | |
|---------------------------|---|
| Specimen type: | Urine |
| Collection procedure: | Collect clean void, first morning urine. |
| Optimum collection time: | Preferably within 5 days of rash onset, and not later than 16 days, unless immunosuppressed. (In this case, consult with State Laboratory about timing of specimen collection.) |
| Transportation container: | sterile plastic screw-capped container. |
| Volume: | 50-100 ml. |
| Transport: | Cold, on wet ice or use ice packs. DO NOT FREEZE. Should be received at the lab within 24 hours of collection. |
| Specimen type: | Nasopharynx swab |
| Collection procedure: | Collect specimen by using two cotton/dacron swabs. Insert one swab into both anterior nares; rotate swab and remove. Insert second swab into pharynx, rotate swab and remove. |
| Optimum collection time: | Preferably within 5 days of rash onset, and not later than 5 days, unless immunosuppressed. (In this case, consult with State Laboratory about a timing of specimen collection.) |
| Transportation container: | Cotton/dacron swabs in Viral Transport Media (VTM). Commercially available kits containing swabs and viral transport media are acceptable. If commercial kits are not used, you may place both swabs into any type of viral transport media. Keeping swabs moist is most important. |
| Volume: | 3 ml of VTM. |
| Transport: | Cold, on wet ice or ice packs. DO NOT FREEZE. Should be received at the lab within 48 hours of collection. |
| Specimen type: | Blood culture (Least desirable specimen) |
| Collection procedure: | Venipuncture |
| Optimum collection time: | Within 7 days of rash onset, unless immunosuppressed. |
| Transportation container: | Green-top tube (heparin). |
| Volume: | 5 ml. of blood. |
| Transport: | Cold, on wet ice or ice packs. DO NOT FREEZE. Should be received at the lab within 24 hours of collection. |

**Massachusetts Department of Public Health
State Laboratory Institute
Specimen Request**

(This form must be included with the specimen)

Epidemiologist: _____

Requested from: _____

Date of Request: _____

Contact name: _____

Please complete the following information.

Test(s) requested: _____

Send Report To:

Specimen Information:

Physician: _____

Patient Name: _____

Facility: _____

Patient Address _____

Street: _____

City/State/Zip: _____

Date of Birth: ____/____/____ Sex: _____

Telephone: _____

Onset of Symptoms: ____/____/____

Date(s) of Specimen Collection: ____/____/____
____/____/____

Brief summary of symptoms/clinical history/hospitalization:

Recent travel history? (If yes, please explain):

Relevant Vaccine History: _____
Type of vaccine

____/____/____
date of 1st dose

____/____/____
date of 2nd dose date of 3rd dose

Specimen Type: _____ **Shipping Requirements:** []Room Temp. []Refrigerate []Frozen

Send Completed Form and Specimen to:

State Laboratory Institute

**305 South Street
Boston, MA 02130
(617) 983-6200**

(Specific Laboratory Contact)